

fat Barker

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/743522 FILING DATE _____
APPLICANT(S) _____

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	

1360 (3-78) MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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